

FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1147

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 346

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Joseph  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 22 days  
(Specify whether  
In this community 19 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4027 Woodland  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mr. James R. Cruff

3. (b) If veteran, name war No 3. (c) Social Security No. 496-16-1931

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Genevieve Cruff 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased November 23 1870  
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Hancock County, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper K.C. Soldering WORKS

11. Industry or business \_\_\_\_\_

12. Name William Cruff

13. Birthplace Mass.  
(City, town, or county) (State or foreign country)

14. Maiden name Virginia

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Genevieve Cruff

(b) Address 4027 Woodland

17. (a) Burial (b) Date thereof 1-27-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Missouri

19. (a) 1-26-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 25th  
year 1942 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from 1/10, 1942, to 1/25, 1942, that I last saw him alive on 1/25, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Hypertension

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? (e) Means of injury \_\_\_\_\_  
23. Signature J. W. Wagner (M. D. or other) M.D.  
Address 10307 Independence Date signed 1/24/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Level 4018

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Cecil R. Matthes*

Licensed Embalmer No. *3807*

P. O. Address *D. C. Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**